

SERFF Tracking Number:	AMMH-125454624	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	20080117-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	AMH Mobile Home Program		
Project Name/Number:	/20080117-03		

Filing at a Glance

Company: American Modern Home Insurance Company

Product Name: AMH Mobile Home Program SERFF Tr Num: AMMH-125454624 State: Arkansas

TOI: 04.0 Homeowners SERFF Status: Closed State Tr Num: EFT \$100

Sub-TOI: 04.0002 Mobile Homeowners Co Tr Num: 20080117-03 State Status: Fees verified and received

Filing Type: Rate Co Status: Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding

Author: Gary Behling Disposition Date: 01/30/2008

Date Submitted: 01/29/2008 Disposition Status: Filed

Effective Date Requested (New): 03/15/2008 Effective Date (New): 03/15/2008

Effective Date Requested (Renewal): 03/15/2008 Effective Date (Renewal): 03/15/2008

State Filing Description:

amends filing effective 9/1/07 to change multisectional rate.

General Information

Project Name:

Project Number: 20080117-03

Reference Organization:

Reference Title:

Filing Status Changed: 01/30/2008

State Status Changed: 01/30/2008

Corresponding Filing Tracking Number: n/a

Filing Description:

Rate reduction

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMMH-125454624 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 20080117-03
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: AMH Mobile Home Program
Project Name/Number: /20080117-03

Gary Behling, Filing Analyst gbehling@amig.com
7000 Midland Blvd (800) 759-9008 [Phone]
Amelia, OH 45102

Filing Company Information

American Modern Home Insurance Company	CoCode: 23469	State of Domicile: Ohio
7000 Midland Blvd.	Group Code: 127	Company Type:
Amelia, OH 45102	Group Name:	State ID Number:
(800) 759-9008 ext. [Phone]	FEIN Number: 31-0715697	

SERFF Tracking Number: *AMMH-125454624* *State:* *Arkansas*
Filing Company: *American Modern Home Insurance Company* *State Tracking Number:* *EFT \$100*
Company Tracking Number: *20080117-03*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0002 Mobile Homeowners*
Product Name: *AMH Mobile Home Program*
Project Name/Number: */20080117-03*

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Modern Home Insurance Company	\$100.00	01/29/2008	17715355

<i>SERFF Tracking Number:</i>	<i>AMMH-125454624</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Modern Home Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$100</i>
<i>Company Tracking Number:</i>	<i>20080117-03</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0002 Mobile Homeowners</i>
<i>Product Name:</i>	<i>AMH Mobile Home Program</i>		
<i>Project Name/Number:</i>	<i>/20080117-03</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	01/30/2008	01/30/2008

SERFF Tracking Number:	AMMH-125454624	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	20080117-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	AMH Mobile Home Program		
Project Name/Number:	/20080117-03		

Disposition

Disposition Date: 01/30/2008
Effective Date (New): 03/15/2008
Effective Date (Renewal): 03/15/2008
Status: Filed
Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
American Modern Home Insurance Company	-2.080%	\$150,864	5,432	\$7,269,291	%	%	%

SERFF Tracking Number: AMMH-125454624 State: Arkansas

Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100

Company Tracking Number: 20080117-03

TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners

Product Name: AMH Mobile Home Program

Project Name/Number: /20080117-03

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Supporting Document	Cover Letter and Explanatory Memorandum	Filed	Yes
Supporting Document	Exhibits	Filed	Yes
Rate	Manual Pages	Filed	Yes

SERFF Tracking Number:	AMMH-125454624	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	20080117-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	AMH Mobile Home Program		
Project Name/Number:	/20080117-03		

Rate Information

Rate data applies to filing.

Filing Method:	File and use
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	3.200%
Effective Date of Last Rate Revision:	09/01/2007
Filing Method of Last Filing:	File and use

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
American Modern Home Insurance Company	%	-2.080%	\$150,864	5,432	\$7,269,291	%	%

SERFF Tracking Number:	AMMH-125454624	State:	Arkansas
Filing Company:	American Modern Home Insurance Company	State Tracking Number:	EFT \$100
Company Tracking Number:	20080117-03		
TOI:	04.0 Homeowners	Sub-TOI:	04.0002 Mobile Homeowners
Product Name:	AMH Mobile Home Program		
Project Name/Number:	/20080117-03		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	Manual Pages	Pages R-7 and R-8	Replacement	AR-PC-07-024992 Page R-7.pdf Page R-8.pdf

**ARKANSAS
AMERICAN MODERN HOME INSURANCE COMPANY
MOBILE HOME PROGRAMS**

DOUBLEWIDE/MULTI-SECTIONAL MOBILE HOMEOWNER Program
All risk excluding Flood and Earthquake (092)

Internal Limits for this Package		
Other Structures	Personal Property	Personal Liability
10%	50%	\$50,000

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
092	345.00			\$50.00	20,000	1,000	NEW	1.000	\$500

Territory Relativity Table	
50	51
1.00	1.66

Location Surcharge/Discount Table	
Protected	Unprotected
1.00	1.24

Age of Insured Surcharge/Discount Table	
Insured Age	Factor
18-22	1.08
23-49	1.03

Age of Home Surcharge/Discount Table	
Age of Home	Surcharge/Discount
New-1	1.00
2-3	1.00
4-5	1.00
6-10	1.05
11-15	1.07
16-20	1.12
21+	1.18

New Page		Page Number	Effective Date	Publication Date
Revision	X	R-7	3/15/08	1/29/08

**ARKANSAS
AMERICAN MODERN HOME INSURANCE COMPANY
MOBILE HOME PROGRAMS**

SENIOR DOUBLEWIDE/MULTI-SECTIONAL MOBILE HOMEOWNER Program
All risk excluding Flood and Earthquake (032)

Internal Limits for this Package		
Other Structures	Personal Property	Personal Liability
10%	50%	\$50,000

Product	Flat Base Rate	Covg Incr	Base Rate per Incr	Min Prem Amount	Min Rate Value	Min Val Accept	UVRC Code	Cov Relativity	Deductible
032	310.00			\$50.00	20,000	1,000	NEW	1.00	\$500

Territory Relativity Table	
50	51
1.00	1.66

Location Surcharge/Discount Table	
Protected	Unprotected
1.00	1.24

Age of Insured Surcharge/Discount Table	
Insured Age	Factor
50-59	.98
60+	.95

Age of Home Surcharge/Discount Table	
Age of Home	Surcharge/Discount
New-1	1.00
2-3	1.00
4-5	1.00
6-10	1.05
11-15	1.07
16-20	1.12
21+	1.18

New Page		Page Number	Effective Date	Publication Date
Revision	X	R-8	3/15/08	1/29/08

SERFF Tracking Number: AMMH-125454624 State: Arkansas
Filing Company: American Modern Home Insurance Company State Tracking Number: EFT \$100
Company Tracking Number: 20080117-03
TOI: 04.0 Homeowners Sub-TOI: 04.0002 Mobile Homeowners
Product Name: AMH Mobile Home Program
Project Name/Number: /20080117-03

Supporting Document Schedules

	Review Status:	
Satisfied -Name: Uniform Transmittal Document-Property & Casualty	Filed	01/30/2008

Comments:

Attachments:

P&C trans.pdf

R-r transm.pdf

	Review Status:	
Satisfied -Name: Cover Letter and Explanatory Memorandum	Filed	01/30/2008

Comments:

Attachments:

Filing letter.pdf

AR 077 Filing Memo.pdf

	Review Status:	
Satisfied -Name: Exhibits	Filed	01/30/2008

Comments:

Attachments:

077 F312AR_MH premium comparison survey.pdf

Rate Revision Impacts - 077, 092.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
American Modern Insurance Group, Inc.	127

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
American Modern Home Insurance Company	Ohio	23469	31-0715697	

5. Company Tracking Number	20080117-03
-----------------------------------	--------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Gary Behling PO Box 5323 Cincinnati, OH 45201-5323	Compliance Analyst	(800) 759-9008, ext. 5791	513-688-8939	gbehling@amig.com
7. Signature of authorized filer		<i>Gary P. Behling</i>		
8. Please print name of authorized filer		Gary P. Behling		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	0.40 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	0.40002 Mobile Homeowners
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Mobile Home Programs
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3/15/08 Renewal: 3/15/08
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	1/29/08
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	20080117-03
------------	--------------------------------------------------------------	-------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	------------------------------------------------------------------------------------------------------------------------

(Please refer to cover letter and explanatory memorandum.)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Check #:

Amount:

Filing fee of \$100.00 is being sent via EFT.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	20080117-03
-----------	--------------------------------------------------------------	--------------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	(n/a)
-----------	-----------------------------------------------------------------------------------------------------------------	--------------

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and use
-----------	------------------------------------------------------------------------	---------------------

4a.	Rate Change by Company (As Proposed)						
------------	---------------------------------------------	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American Modern Home Ins. Co.	(n/a)	-2.08%	-\$150,864	5,432	\$7,269,291	0	-8.0%

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	----------------------------------------------------------------	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

Overall Rate Information (Complete for Multiple Company Filings only)							
------------------------------------------------------------------------------	--	--	--	--	--	--	--

		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	+3.20%
-----------	-------------------------------------------------	---------------

7.	Effective Date of last rate revision	9/1/07
-----------	---------------------------------------------	---------------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File and use
-----------	---------------------------------------------------------------------------------------	---------------------

9.	Rule # or Page # Submitted for Review	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Pages R-7 and R-8	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-07-024992
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



AMERICAN MODERN HOME
INSURANCE COMPANY

January 29, 2008

Arkansas Insurance Department
Property & Casualty Division
1200 W. 3rd Street
Little Rock, AR 72201-1904

RE: American Modern Home Insurance Company: NAIC# 127-23469
Mobile Home Programs
Rate Filing
Company File Number: 20080117-03

In accordance with the filing requirements of your state, we are submitting a revision to the captioned program. Please refer to the Explanatory Memorandum for further details.

We are filing this revision to become effective on March 15, 2008 for new business and renewals.

To the best of our knowledge and belief, this filing is in compliance with the statutes and regulations of your state.

If you have any questions, please contact the undersigned at the telephone number or e-mail address shown.

Gary P. Behling, CPCU
Compliance Analyst
American Modern Insurance Group, Inc.
Phone: 1-800-759-9008, ext. 5791
E-mail: gbehling@amig.com

Arkansas
Mobile Home Programs
American Modern Home Insurance Company
Explanatory Memorandum

At this time, we wish to make a change to the base rates in our Multi-Sectional Package Programs. The original filing was effective on 09/01/07.

One of the changes with that filing included increasing the base rates for our Multi-Sectional Package Programs. We would like to reduce the base rates to \$345.00 for our non-senior program and to \$310.00 for our senior program. We are losing our renewal policies and feel that it is in our best interest to adjust the base rates in order to prevent this from continuing to happen.

The overall impact of the base rate reduction is a -2.08%. Because of the minor nature of this adjustment, new indications were not computed.

NAIC NUMBER: 127-23469
DEPARTMENT
COMPANY NAME: American Modern Home Insurance Company
STREET
CONTACT PERSON: Gary Behling
72201-1904
TELEPHONE #: (800) 759-9008, ext. 5791

RETURN TO: ARKANSAS INSURANCE
 1200 WEST THIRD
 LITTLE ROCK, AR

MOBILE HOME PREMIUM COMPARISON SURVEY

Used our Multi-Sectional Package Premiums (\$500 ded, 10%AS, 50% PE, \$50K Liability & AOI 50, New Home)

ANNUAL PREMIUM – POLICY PERIOD ____/____/____ TO ____/____/____

	LITTLE ROCK PPC 02		JONESBORO PPC 03		PINE BLUFF PPC 04		TEXARKANA PPC 05		GREEN FORES PPC 06	
TOTAL ANNUAL PREMIUM *	MP**	SF**	MP	SF	MP	SF	MP	SF	MP	SF
MOBILE HOME VALUE \$ 10,000.	299.32	n/a	299.32	n/a	299.32	n/a	299.32	n/a	299.32	n/a
MOBILE HOME VALUE \$ 15,000.	335.19	n/a	335.19	n/a	335.19	n/a	335.19	n/a	335.19	n/a
MOBILE HOME VALUE \$ 28,000.	420.66	n/a	420.66	n/a	420.66	n/a	420.66	n/a	420.66	n/a

	MAYFLOWER PPC 08		SCRANTON PPC 09	
TOTAL ANNUAL PREMIUM *	MP**	SF**	MP	SF
MOBILE HOME VALUE \$ 10,000.	299.32	n/a	299.32	n/a
MOBILE HOME VALUE \$ 15,000.	335.19	n/a	335.19	n/a
MOBILE HOME VALUE \$ 28,000.	420.66	n/a	420.66	n/a

*NOTE: USE \$250. FLAT DEDUCTIBLE

** MULTI-PERIL (MP); STANDARD FIRE (SF)

SPECIFY THE PERCENTAGE GIVEN FOR CREDITS OR DISCOUNTS FOR THE FOLLOWING:

- A. FIRE EXTINGUISHER 0 ____ %
 EARTHQUAKE COVERAGE IN ARKANSAS: YES ☒ NO ☐
 B. BURGLAR ALARM 0 ____ %

EARTHQUAKE INSURANCE

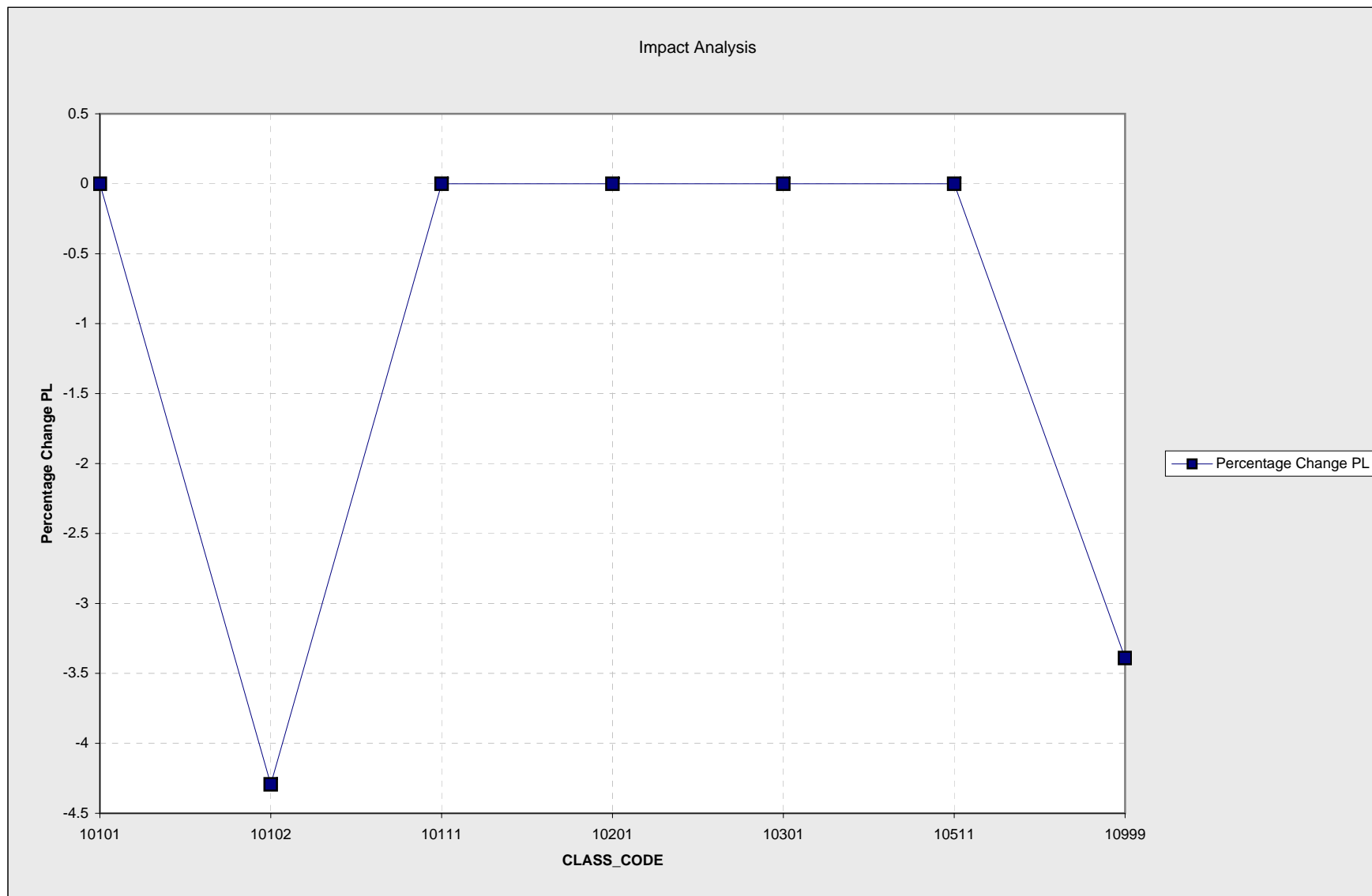
ARE YOU CURRENTLY WRITING
 Minimum Deductible Percentage ____ 10 ____ %

- C. SMOKE ALARM
EARTHQUAKE RATES, INCLUDING 0 %
- D. DEADBOLT LOCK 0 %
- E. WINDOW/DOOR LOCKS 0 %
- F. OTHER (SPECIFY)
EARTHQUAKE UNDERWRITING GUIDELINES. 0 %
- G. MAXIMUM CREDIT ALLOWED %

PLEASE ATTACH A COPY OF YOUR FILED
A BREAKDOWN OF YOUR ZONES.

PLEASE ATTACH A COPY OF YOUR

	10101: Sum(One Year)	10102: Sum(One Year)	10111: Sum(One Year)	10201: Sum(One Year)	10301: Sum(One Year)	10511: Sum(One Year)	10999: Sum(One Year)
22	672780	0	0	0	0	0	0
32	0	1670799	0	0	0	0	0
42	1317721	0	0	0	0	0	0
92	0	1767308	0	0	0	0	0
212	0	0	149721	0	0	0	0
222	0	0	0	0	0	176020	0
312	0	0	0	0	10492	0	0
3A2	0	0	0	0	180877	0	0
3A5	0	0	0	0	7282	0	0
3B2	0	0	0	0	434634	0	0
3B5	0	0	0	0	24136	0	0
3C2	0	0	0	0	157372	0	0
3C5	0	0	0	0	21769	0	0
3D2	0	0	0	0	3261	0	0
3D5	0	0	0	0	13672	0	0
415	0	0	0	22644	0	0	0
Personal Property	46920	33976	30669	0	22776	28868	0
Adj. Structures	20032	34581	6953	0	14108	10568	0
1	14346	12596	5585	1060	0	12940	0
12	0	0	0	0	73776	0	0
24	-3015	-5334	-582	0	0	-1375	0
All Other	71828	194953	4690	78	4992	2814	0
	2140612	3708879	197036	23782	969147	229835	0



	Percentage Change PL
10101	0
10102	-4.29333
10111	0
10201	0
10301	0
10511	0
10999	-3.39062